

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90040 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000054909

1. Corporation Name
R & B MILLEN ENTERPRISES, INC.

Principal Place of Business

6810 PEMBROKE ROAD
 MIRAMAR F: 33023

Mailing Address

6810 PEMBROKE ROAD
 MIRAMAR F: 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1998

4. FEJ Number

65-0865714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2304 SW 60 WAY

Suite, Apt. #, etc.

City & State

23 MIRAMAR FL

Zip

24 33023

Country

25 USA

2a. Mailing Address

26 16368 NW 18 ST

Suite, Apt. #, etc.

City & State

28 Pembroke Pines FL

Zip

29 33028

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MILLEN, RALPH
 STREET ADDRESS 6810 PEMBROKE ROAD
 CITY-ST-ZIP MIRAMAR F: 33023

TITLE ☐ DELETE

NAME D MILLEN, BRIAN
 STREET ADDRESS 6810 PEMBROKE ROAD
 CITY-ST-ZIP MIRAMAR F: 33023

TITLE ☐ DELETE

NAME
 STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME RALPH MILLEN
 1.3 STREET ADDRESS 16368 NW 18 ST
 1.4 CITY-ST-ZIP Pembroke Pines FL 33028

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V. PRESIDENT
 2.3 STREET ADDRESS BRIAN MILLEN
 2.4 CITY-ST-ZIP 2158 NOVA VILLAGE DR DAVIE FL 33317

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 (954) 961-8133

CR2E034 (1/98)